

DISTRIBUTION OF HEPATITIS C TREATMENT RELATED KNOWLEDGE AMONG PEOPLE WHO INJECT DRUGS: A LONGITUDINAL QUALITATIVE STUDY

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Background: The introduction of direct-acting antiviral (DAA) treatment has made the elimination of hepatitis C a possibility. Little is known about how treatment perceptions and conversations change over time. We aimed to understand the DAA treatment experience among people who inject drugs and the meaning of treatment in people's lives and networks.

Methods: Participants were recruited from general practice clinics and the Treatment and Prevention Study (a community-based treatment trial). Semi-structured interviews were conducted with each participant before, half way through and following DAA treatment. Interviews focused on hepatitis C related knowledge and discussions, wellbeing and treatment perceptions and expectations. Interviews were recorded and transcribed. A six-phase thematic analysis was conducted. Coding was inductive. Time sequential matrices were generated to understand thematic change over time, guided by 16 questions for longitudinal qualitative data analysis.

Results: Forty-four interviews were conducted with 17 participants across seven field-sites. Most participants were male with a mean age of 40 and no/mild fibrosis. Some participants were treatment naive and other were being re-treated. Four themes changed over time: 'treatment attitudes and expectations', 'reinfection attitudes', 'physical and emotional benefits' and 'peer distribution of knowledge'. Peers were a crucial trusted source of treatment-related information. Positive treatment anecdotes from peers were important for building confidence in and motivation to initiate treatment. During and following treatment many participants adopted a 'treatment advocate' role in their networks, which was described as empowering. Many participants also described benefits of undertaking treatment alongside their injecting network.

Conclusion: This is the first qualitative study to follow participants throughout DAA treatment. Findings illustrate nuanced personal benefits of treatment completion and the importance of peers in shaping treatment perceptions and engagement. This will be important in informing messaging to increase treatment uptake and add weight to the argument for global unrestricted access to treatment.

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